

MODULE ELEVEN

**Getting Credit for the Work
You Do:**

Entering Units of Service

Policy

In order to effectively evaluate and remain competitive for funding, all service providers and medical case managers must accurately and completely document services in the State Office of AIDS: AIDS Regional Information & Evaluation System (ARIES) database, adopted in 2006. All Ryan White service providers use ARIES to document service activities and track client health outcomes. These service activities include intake, needs assessment, care plans, referral and linkage to other services, and units of service. ARIES includes activities conducted directly with clients or on behalf of clients. The following will describe in greater detail the method of completion and the uses of the data collected on the Monthly Service Contact Form.

Procedure

ARIES Direct Care Services Contact Form

The purpose of the Service Contact Form is to record the types of services provided, the units of service, and whether this activity was part of a face to face or non-face to face contact with a new or an established client. A new client will transition to an established client on the 3rd visit. The service contact form should be filled out according to the guidelines on the back of the form and should be input into the ARIES system no later than 5 working days after the service was performed. The Service Contact Form should reflect the information entered directly into ARIES. The case notes and other service tabs (e.g. care plan, referral tabs, etc.) should be used to capture the detail of the service and also match the units of service entries. To enter the service units into ARIES, select the services tab across the top of the ARIES Program. Review the contract and program sections in ARIES to ensure these are correct for the client's data you wish to enter. Units of service for Medical Case Management are equal to 15 minutes of time, i.e. 30 minutes of service is equal to 2 units of service.

Each service is divided into three categories:

- Primary service: broad description of the main service being provided.
- Secondary service: often identical to the primary service.
- Agency sub-service: more specific way of classifying the service. The provider will need to select new or established client, face to face or non-face to face, and the specific activity, e.g. mental health, care plan development, partner notification services, etc.

These categories are specific to the agency's contract and programs such as Ryan White (RW) Part A, RW Part B, or RW Part C, Case Management Program (CMP), Early Intervention Program (EIP), etc. The services available to each of the Medical Case Managers in the ARIES program are defined in the drop-down menus for agency sub-service and adjust automatically to the program when doing data entry.

Entering Data in ARIES

ARIES manages and tracks services to help automate budgeting, create reports, and provide quality care for clients. Staff persons enter new service line items after a client's eligibility for services has been verified and the client has been entered into the ARIES system.

To access a client's Services screen click the Services tab at the top right of the Client Details screen. The Services screen lists all the services a client has received in a table.

John A Porter

Services **New**

Date	Staff	Category	UOS	Total	Edit
10/5/2004	William Riker	Ryan White > Transportation > Bus Tokens/Pass > Bus Tokens/Pass	4.00 Item @ \$2.00	\$8.00	Edit
10/5/2004	ARIES Admin	Ryan White > Mental Health Services > Group > Facilitation	6.00 Hour @ \$60.00	\$360.00	Edit
10/5/2004	Esther Dyson	Ryan White > Mental Health Services > Psychiatric Evaluation > Chart Review	1.00 Hour @ \$10.00	\$10.00	Edit
10/5/2004	William Riker	EIP > Psychosocial > Psychosocial Assessment > Psychosocial Assessment	1.00 Hour @ \$100.00	\$100.00	Edit
9/30/2004	ARIES Admin	Ryan White > Case Management > Case Management > Consultation	1.00 15 Minutes @ \$15.00	\$15.00	

The first column, in the list of services, is the date the service was provided. The second column lists the staff person who provided the service, and the third column explains what type of service the client received listed by program, primary service, secondary service, and, if applicable, agency defined sub service. A dental exam might be listed as “Ryan White > Oral Health Care > Routine Treatment” where “Ryan White” is the program, “Oral Health Care” is the primary service, and “Routine Treatment” is the secondary service.

The “UOS” column lists how many units of service the client has received and how much each unit of service costs. A day’s worth of meals might be listed as “2 meals @ \$7.” The “Total” column lists the total cost of the service.

Limiting the view of services for a client can be done by selecting a date range, the staff person who provided the services, the program under which services were provided, and the primary category of service.

Clicking the **Edit** button next to a service takes you to the Edit Service screen where you can change any details. To enter a new service line item, click the **New** button. Click the **Deactivate** button to remove the service line item from view. This would only be used when wanting to hide a record, making it unable to view. Not everyone has access to perform this function in ARIES.

Service

Client Name * Site

Staff * Days to Next Service Date

Date of Service * Program *

Primary Service * Secondary Service *

Agency Subservice * Contract ID *

Units of Service * @ per = Total

Client Payment CARE/HIPP Co-Payment *

Daily Service End Date Actual Minutes Spent

Service Notes

Finalize (record will be uneditable after changes are saved)

Save + Done **Save + Another** **Cancel**

Edit Service Instructions

Below is a definition of each of the fields in the Edit service screen. Please use these guidelines to ensure accuracy and consistency in data entry.

“Client Name”: First and last name is automatically entered if accessed through a client record.

“Staff”: From the Staff drop-down list, select the staff person responsible for the service. (Your name is the pre-selected choice, but if you are entering data on behalf of someone else, select the name of the person providing the service.)

“Date of Service”: Enter the date the service was administered.

“Site”: Your agency name appears by default.

“Days to Next Service”: The Days to Next Service text fields indicate when the client should receive their next service. For instance, if the client needs a follow up visit after three months, enter 90 in the first text field and the date is calculated into the Date field.

“Contract Name”: Select from the pull-down menu that accurately describes the Contract. For example, if you select “Part A 09/10 RW” only services covered by the Ryan White Part A 09/10 will display. ****Once the selection is made, the next drop-down menu adjusts accordingly.**** Remember the RW Part A year is March 1-February 28, RW Part B year is April 1-March 31 and RW Part C year is July 1 – June 30.

“Program”: Select from the pull-down menu that accurately describes the Program. For example, if you select “Ryan White,” only services covered by the Ryan White program will display in the Primary Service drop-down list. ****Once the selection is made, the next drop-down menu adjusts accordingly.****

“Primary Service”: Select from the pull-down menu that accurately describes the primary service. ****Once the selection is made, the next drop-down menu adjusts accordingly.****

“Secondary Service”: Select from the pull-down menu that accurately describes the secondary service. ****Once the selection is made, the next drop-down menu adjusts accordingly.****

“Agency Sub service”: Select from the pull-down menu that accurately describes the secondary service. ****Once the selection is made, the next drop-down menu adjusts accordingly.****

“Units of Service”: the number of units a client has received and the value of those units. Most services are calculated by intervals of 15 minutes. For instance, doing an intake with a client for 3 hours would be documented as 12 units. Transportation services are calculated by trips.

“Client Payment”: the actual dollar amount paid by the client if applicable

“CARE/HIPP Co-Payment”: the amount of the co-payment paid for the CARE/HIPP service.

“Actual Minutes Spent”: enter the amount of time used for an appointment. This field is not required nor does it define the UOS. It is used for internal reports and scheduling.

“Service Notes”: Use the text box to enter any other details pertaining to the service line item, including any additional payment sources

Selecting the **Finalize** checkbox at the bottom of the screen will protect the service record from further editing once saved.

Click the button to return to the client’s Services screen. Click the button to enter additional service line items. ARIES will not save the new record unless at least one field has changed from the previously saved record. Clicking the button takes you back to the client’s services list without saving any information entered. If you have the proper privileges, you can deactivate a service entry. means the record will be hidden so it is no longer available in ARIES.

In order to facilitate the data entry process, staff are encouraged to use the ARIES Direct Care Services Contact Form. These are available in formats to use with one client or with multiple clients. (See the end of this module for worksheets).

There will be situations in which you are just beginning work with a client but do not yet have the minimum elements to open the client in ARIES. In this instance, the Medical Case Manager should track the services provided on the *ARIES Direct Care Services Contact Form* and enter them into ARIES once the client is open in ARIES. If the client is not open in ARIES within the month, please submit these documents to your program administrator who will ensure your agency is credited with the work conducted by tracking this on an agency spreadsheet and reported monthly to the program monitor. Note any attempts to complete the intake and update the status for service participation.

Medical case managers will need to track service activities separately from the ARIES Direct Care Services Contact Form in the following instances:

- When you are attending medical or care coordination rounds and none of your clients are conferenced, the time spent in this activity should be tracked, using an agency log with the client name, service, units of service, date, and activity.
- When the service provider has done pre-admission work to see the client, and the client does not follow through to complete the enrollment process.

This information tracked separately is then reported to the AIDS Program Monitor as work in addition to the ARIES reported activities.

Travel to and from a client appointment should be coded to the service conducted with the client.

Coding Examples

The following are some specific situations that may pose challenges for the coding of services provided by the Medical Case Manager.

- The Medical Case Manager attended rounds today for 2 hours and did not discuss any specific clients on their caseload. They did however spend 15 minutes talking about someone they are about to close from their caseload. How should the Case Manager code their time?

Answer: The Medical Case Manager would report the following:

1. Enter 7 units of service on the agency spreadsheet for rounds because no clients were discussed.
2. For the 15 minutes = 1 unit of service
Primary Service: Case Management Services
Secondary Service: Case Management Services
Agency Sub-Services: Established, non-face to face, Service Coordination and Medical Follow-up

- A Medical Case Manager spends 45 minutes working with a client in her office making some phone calls to their health care provider and to the pharmacy to pick up their current prescriptions. In their care plan they have a specific goal of increasing their participation in medical care and consistency with medication. How should the Case Manager code the client service?

Answer: The Medical Case Manager would report the following:

1. 45 minutes = 3 units of service

(2 units) Primary Service: Case Management Services
Secondary Service: Case management Services
Agency Sub-Service: Service Coordination and Medical Follow-up

(1 unit) Primary Service: Case Management Services
Secondary Service: Case management Services
Agency Sub-Service: Established Client, Face to Face, Treatment Adherence Counseling

- The Medical Case Manager has spent 30 minutes phoning Employment and Human Services on behalf of the client to find out when their appeal will be determined regarding their TANF benefits. The Case Manager is trying to find out when the client's benefits will begin so they may move ahead with the housing plan. What code should the Case Manager use?

Answer: The Medical Case Manager would report the following:

1. 30 minutes = 2 units of service
(2 units) Primary Service: Case management service
Secondary Service: Case management service
Agency Sub-Service: Established client, non-face to face, Benefits/Health Insurance Assessment/Enrollment

- The Medical Case Manager is working at the clinic where a patient support group is held and observes their client enter the clinic, eat lunch, and participate in the Relapse Prevention group facilitated by the Substance Abuse Coordinator. The Medical Case Manager meets with the client in the hall for 35 minutes and talks about the client's upcoming medical appointment, how they plan to get there and the recent death of the client's cat. The Medical Case Manager suggests that the client talk with the Mental Health Coordinator about their grief and suggests other pet loss support programs. What codes should the Medical Case Manager use?

Answer: The Medical Case Manager would report the following:

1. 30 minutes = 2 units of service
(1 units) Primary Service: Case management service
Secondary Service: Case management service
Agency Sub-Service: Established client, face to face, Service Coordination & Medical Follow-up

2. (1 unit) Primary Service: Case management service
Secondary Service: Case management service
Agency Sub-Service: Established client, face to face, Transportation Assistance.

The following pages provide are copies of the Units of Service Forms for tracking services provided to clients. These are to be submitted to the AIDS Program according to the timeframes and manner described in your program work plan.

Direct Care Services

Client Name: _____

Provider Name: _____

Agency: _____

Service Category: _____

Date of Service:		Primary Service:	Secondary Service:	Agency Sub-Service:
__/__/__	<input type="checkbox"/> Face-to-Face			
Units of Service: #:	<input type="checkbox"/> Non Face-to-Face			
Funding Source: <input type="checkbox"/> Care A <input type="checkbox"/> Care B <input type="checkbox"/> Care C <input type="checkbox"/> HOPWA <input type="checkbox"/> CMP <input type="checkbox"/> MCWP <input type="checkbox"/> WEIP <input type="checkbox"/> Other: _____				
__/__/__	<input type="checkbox"/> Face-to-Face			
Units of Service: #:	<input type="checkbox"/> Non Face-to-Face			
Funding Source: <input type="checkbox"/> Care A <input type="checkbox"/> Care B <input type="checkbox"/> Care C <input type="checkbox"/> HOPWA <input type="checkbox"/> CMP <input type="checkbox"/> MCWP <input type="checkbox"/> WEIP <input type="checkbox"/> Other: _____				
__/__/__	<input type="checkbox"/> Face-to-Face			
Units of Service: #:	<input type="checkbox"/> Non Face-to-Face			
Funding Source: <input type="checkbox"/> Care A <input type="checkbox"/> Care B <input type="checkbox"/> Care C <input type="checkbox"/> HOPWA <input type="checkbox"/> CMP <input type="checkbox"/> MCWP <input type="checkbox"/> WEIP <input type="checkbox"/> Other: _____				
__/__/__	<input type="checkbox"/> Face-to-Face			
Units of Service: #:	<input type="checkbox"/> Non Face-to-Face			
Funding Source: <input type="checkbox"/> Care A <input type="checkbox"/> Care B <input type="checkbox"/> Care C <input type="checkbox"/> HOPWA <input type="checkbox"/> CMP <input type="checkbox"/> MCWP <input type="checkbox"/> WEIP <input type="checkbox"/> Other: _____				
__/__/__	<input type="checkbox"/> Face-to-Face			
Units of Service: #:	<input type="checkbox"/> Non Face-to-Face			
Funding Source: <input type="checkbox"/> Care A <input type="checkbox"/> Care B <input type="checkbox"/> Care C <input type="checkbox"/> HOPWA <input type="checkbox"/> CMP <input type="checkbox"/> MCWP <input type="checkbox"/> WEIP <input type="checkbox"/> Other: _____				
__/__/__	<input type="checkbox"/> Face-to-Face			
Units of Service: #:	<input type="checkbox"/> Non Face-to-Face			
Funding Source: <input type="checkbox"/> Care A <input type="checkbox"/> Care B <input type="checkbox"/> Care C <input type="checkbox"/> HOPWA <input type="checkbox"/> CMP <input type="checkbox"/> MCWP <input type="checkbox"/> WEIP <input type="checkbox"/> Other: _____				
__/__/__	<input type="checkbox"/> Face-to-Face			
Units of Service: #:	<input type="checkbox"/> Non Face-to-Face			
Funding Source: <input type="checkbox"/> Care A <input type="checkbox"/> Care B <input type="checkbox"/> Care C <input type="checkbox"/> HOPWA <input type="checkbox"/> CMP <input type="checkbox"/> MCWP <input type="checkbox"/> WEIP <input type="checkbox"/> Other: _____				

Contact Person:	Agency:	Service Category:
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This form is to be used for reporting client services that are funded by multiple sources.

Client Name	Date of Contact	Units of Service	Face-to-Face Contact ?	Primary Service	Secondary Service	Agency Sub-Service
			Y N			
Funding Source: <input type="checkbox"/> Care A <input type="checkbox"/> Care B <input type="checkbox"/> Care C <input type="checkbox"/> HOPWA <input type="checkbox"/> CMP <input type="checkbox"/> MCWP <input type="checkbox"/> EIP <input type="checkbox"/> Other: _____						
			Y N			
Funding Source: <input type="checkbox"/> Care A <input type="checkbox"/> Care B <input type="checkbox"/> Care C <input type="checkbox"/> HOPWA <input type="checkbox"/> CMP <input type="checkbox"/> MCWP <input type="checkbox"/> EIP <input type="checkbox"/> Other: _____						
			Y N			
Funding Source: <input type="checkbox"/> Care A <input type="checkbox"/> Care B <input type="checkbox"/> Care C <input type="checkbox"/> HOPWA <input type="checkbox"/> CMP <input type="checkbox"/> MCWP <input type="checkbox"/> EIP <input type="checkbox"/> Other: _____						
			Y N			
Funding Source: <input type="checkbox"/> Care A <input type="checkbox"/> Care B <input type="checkbox"/> Care C <input type="checkbox"/> HOPWA <input type="checkbox"/> CMP <input type="checkbox"/> MCWP <input type="checkbox"/> EIP <input type="checkbox"/> Other: _____						
			Y N			
Funding Source: <input type="checkbox"/> Care A <input type="checkbox"/> Care B <input type="checkbox"/> Care C <input type="checkbox"/> HOPWA <input type="checkbox"/> CMP <input type="checkbox"/> MCWP <input type="checkbox"/> EIP <input type="checkbox"/> Other: _____						
			Y N			
Funding Source: <input type="checkbox"/> Care A <input type="checkbox"/> Care B <input type="checkbox"/> Care C <input type="checkbox"/> HOPWA <input type="checkbox"/> CMP <input type="checkbox"/> MCWP <input type="checkbox"/> EIP <input type="checkbox"/> Other: _____						
			Y N			
Funding Source: <input type="checkbox"/> Care A <input type="checkbox"/> Care B <input type="checkbox"/> Care C <input type="checkbox"/> HOPWA <input type="checkbox"/> CMP <input type="checkbox"/> MCWP <input type="checkbox"/> EIP <input type="checkbox"/> Other: _____						
			Y N			
Funding Source: <input type="checkbox"/> Care A <input type="checkbox"/> Care B <input type="checkbox"/> Care C <input type="checkbox"/> HOPWA <input type="checkbox"/> CMP <input type="checkbox"/> MCWP <input type="checkbox"/> EIP <input type="checkbox"/> Other: _____						
			Y N			
Funding Source: <input type="checkbox"/> Care A <input type="checkbox"/> Care B <input type="checkbox"/> Care C <input type="checkbox"/> HOPWA <input type="checkbox"/> CMP <input type="checkbox"/> MCWP <input type="checkbox"/> EIP <input type="checkbox"/> Other: _____						